APPENDIX I

NEW/ ADDITIONAL INDICATION

New/ additional indication (AI) is defined as an indication not initially approved for a registered pharmaceutical product. This may include but not limited to the following:

i) new therapeutic indication
ii) new route(s) of administration (parenteral)
iii) indication for new age group, such as usage in children
iv) new dosing regimen
v) additional bacterial strains to expand the indications for antimicrobial products
vi) additional viral serotypes or genotypes to expand the indications for antiviral products, etc.

This application does not include changing/ rephrasing of sentences.

There are two (2) types of evaluation processes available for AI applications: AI Full and AI Verification.

1. AI Full

Main criteria

This category applies to a new indication that has been registered in any one (1) of the DCA's reference agencies (EMA, UK MHRA, Swedish Medical Products Agency, ANSM France, US FDA, TGA Australia, Health Canada, PMDA Japan and Swissmedic).

This application may require comments from relevant specialists on case-to-case basis.

AI-Full is divided into two (2) categories:

i) AI Full – please refer to the current DRGD

ii) AI Full – reliance (pilot)

Eligibility Criteria

AI Full – reliance (pilot) applies to a new indication that:

a) has been approved by one (1) DCA's reference agency
b) has been approved within three years from the date of approval by the chosen primary reference agency
c) is the same as the approved new indication in the reference agency
d) may require an assessment by NPRA to review the benefit-risk profile due to local disease epidemiology, medical practice, and/or public health considerations. Examples of products that may require a more stringent assessment as a result of differences in local

disease patterns and/or medical practices (e.g. some anti-infectives, vaccines for endemic pathogens, etc.)

e) has not been rejected, withdrawn or approved via appeal process or pending deferral by a drug regulatory agency for safety or efficacy reasons.

2. **AI Verification**

Main criteria

This applies to a new indication that has been registered in at least two (2) of the DCA's reference agencies.

This application will not require comments from relevant specialists.

AI Verification is divided into two (2) categories

i) AI Verification - please refer to the current DRGD

ii) AI Verification – reliance (pilot)

Eligibility Criteria

AI-Verification – reliance (pilot) applies to a new indication that:

a) has been approved by at least two (2) DCA's reference agencies - applicant will need to declare one of the DCA reference agencies as the primary reference agency
b) has been approved within three years from the date of approval by the chosen primary reference agency
c) is the same as the approved new indication in the chosen reference agency
d) does not require an assessment by NPRA to review the benefit-risk profile due to local disease epidemiology, medical practice, and/or public health considerations. Examples of products that may require a more stringent assessment as a result of differences in local disease patterns and/or medical practices (e.g. some anti-infectives, vaccines for endemic pathogens, etc.)
e) has not been rejected, withdrawn or approved via appeal process or pending deferral by a drug regulatory agency for safety or efficacy reasons.

NOTE

AI application submissions other than those listed above will be considered on a case-by-case basis. The applicant is advised to consult the respective section prior to submission.

Supporting documents for all AI categories

The supporting documents include but are not limited to the following:

i. Approval of AI(s) in country of origin (if applicable);
ii. Approval status in reference countries, its corresponding approval letter and approved Package Insert;
iii. Approval Indication status in ASEAN Member States and its approved corresponding package insert (if applicable);
iv. Revised Package Insert;
v. World Wide Approval status
vi. Consumer Medication Information Leaflet (RiMUP), if applicable;
vii. Clinical Expert Reports;
viii. Synopsis of Individual Studies;
ix. Clinical Studies Report/ In-House Clinical Trials;
x. Published Clinical Papers;
xi. Current Periodic Benefit-Risk Evaluation Report (PBRER)

Additional documents (for AI-Reliance only)

The following additional documents will need to be submitted for AI reliance:

i. Unredacted and unedited assessment reports and supporting documents from the chosen primary reference agency [complete clinical assessment reports, including assessment on the question and answer (Q & A) documents between the applicant and agency] is preferrable.
   Note: NPRA may also consider accepting a Public Assessment Report from the EMA to be submitted with Q & A document. However, the acceptance of Public Assessment Report from other DCA reference agencies may be considered on case-to-case basis. Please consult the respective section prior to the submission.
ii. Declaration statement to indicate that the assessment report, list of Q & A and all other relevant documents provided are authentic.
iii. Checklist for AI Reliance.

Submission via Quest3+ system

All applications must be submitted via the Quest 3+ system.

1. AI Full: to be submitted under the Full evaluation category
2. AI Verification: to be submitted under the Verification category

Note: Concurrent manual submissions may be considered based on unmet medical needs.

REMINDER

When submitting an AI in the full category, applicants should exercise caution. As you may be aware, RM1000 will be charged upfront before screening when you choose this category. Please note that the payment will not be refunded if the application is rejected during screening due to the wrong category, incomplete submission, discrepancies in information, etc. If there is any uncertainty, we advise applicants to seek confirmation from the relevant NPRA officers before submitting under this category.

Estimated Timeline for AI Full – reliance and AI Verification – reliance (pilot)

90 working days (after screening approved)